

Maryland EMS News

For All Emergency Medical Care Providers

Vol. 39, No. 2

September 2012

Narrowbanding Update

MIEMSS began migrating to narrowband operations on April 4, 2012, switching Somerset, Worcester, and Wicomico Counties to narrowband mode. The statewide transition will occur on a regional basis throughout the remainder of 2012. (Target implementation dates are below.) Counties relying solely on the MIEMSS UHF system (Call and Med Channels) must have UHF radio equipment capable of operating in narrowband mode prior to the transition to narrowband mode. The MIEMSS Communications Engineering Services Department endeavors to make conversion dates known as soon as they are established. The current plan is as follows:

- April 4, 2012: Somerset, Worcester and Wicomico Counties were successfully incorporated into the Region IV EMRC operation and are operating in narrowband mode. All units in these counties must operate in a narrowband mode at this time.
- June 7, 2012: the MIEMSS Communications Department converted the counties of Dorchester, Talbot, Queen Anne's, Caroline, and Kent to narrowband opera-

tion. All units in these counties must operate in a narrowband mode at this time.

- September 6 and 7, 2012: the MIEMSS Communications Department converted Garrett, Allegany, and Washington Counties to narrowband operation. (Note: The original cutover date was August 16; however, to permit affected EMSOPs to complete radio upgrades, the date was postponed until September.
- October 3, 2012: the MIEMSS Communications Department will convert Region V to narrowband operation. Counties affected are Frederick, Montgomery, Prince George's, Charles, Calvert, and St. Mary's.
- November 14, 2012: the MIEMSS Communications Department will convert Region III to narrowband operation. Jurisdictions affected are Anne Arundel County, Baltimore County, Carroll County, Harford County, Howard County, and Baltimore City.

Many thanks extended to all who have supported, and continue to support, this transition.

Narrowband-Capable Portable Radio



The only acceptable narrowband-capable portable radio is the Kenwood TK 390, pictured here.

Narrowband-Capable Mobile Radio



Acceptable narrowband-capable mobile radios are the Kenwood TK 890 (the KCH-11 model is shown) (left) and the Motorola Model CDM 1550 (right).

Still time to register!
Sign up today for:

**2012 Mid-Atlantic
Life Safety Conference**
September 26, 2012
Laurel, Maryland



2012 Pyramid Conference
October 27 & 28, 2012
Preconference: October 25 & 26, 2012
Clinton, Maryland
Registration form included



Peninsula Regional Medical Center
presents
**Topics In Trauma: Preparing for
the Worst; Hoping for the Best**
November 2, 2012
Salisbury, Maryland
Registration form included



SPORTS SAFETY Reminders: Hydration

As young school athletes work hard this month to prepare for fall sports, Safe Kids Maryland encourages parents and coaches to keep children safe on and off the field and prevent sports injuries, including heat-related illnesses. Nearly three-fourths of U.S. households have at least one child who plays organized sports.

Scorching high temperatures and vigorous practice sessions can challenge parents and coaches to keep children safe and injury free. A national survey (<http://bit.ly/I4SDB1>) commissioned by Safe Kids Worldwide in April 2012, funded by Johnson & Johnson, confirmed parents and coaches need more youth sports safety information. In fact, in a survey of over 750 coaches, 73% of coaches reported that they would like more training in heat illness prevention. Additionally, only 1% of young athletes reported having heard about heat illness as a type of sports injury.

One of the most powerful protective steps is assuring that athletes stay hydrated during physical activity. Safe Kids offers these important tips for coaches, parents, and league organizers to prevent heat illness and dehydration:

- Don't wait for kids to tell you they are thirsty. Have regular water breaks (every 15 to 20 minutes) to avoid dehydration, heat exhaustion, or heat stroke.
- Athletes should drink water at least 30 minutes before play and every 15 to 20 minutes during play.
- Enough water needs to be consumed. The American Academy of Pediatrics (AAP) recommends:
 - 5 oz. for an 88-pound child every 20 minutes
 - 9 oz. for a 132-pound adolescent every 20 minutes
 - about 10 gulps for every 20 minutes of play, as a child's gulp equals a ½ ounce of fluid
- Use urine color as a guide for hydration status:
 - Light like lemonade then the child is likely hydrated
 - Dark like apple juice then he or she is likely dehydrated

Have policies or guidelines in place so that youth athletes can stay cool and properly hydrated during practices and events. For more information on Safe Kids Sports Safety visit www.safekids.org/sports.



Youth athletes should be monitored for signs of heat-related illnesses and have regular water breaks during play. Even in cooler weather, kids can suffer damaging results from dehydration.

Changes Coming October 1 to Maryland Scooter/Mo-ped Laws

As of October 1, 2012, all motor scooters and mo-peds in Maryland must have a title and insurance coverage. Motor scooter and mo-ped owners will be required to obtain a title through the Motor Vehicle Administration (www.mva.maryland.gov), and the title decal must be displayed on the rear of the vehicle. Once the new law goes into effect, proof of insurance must be carried while operating a motor scooter or mo-ped. Drivers and riders will also be required to wear protective headgear and eye protection (unless the vehicle is equipped with a windscreen). Mo-ped and motor scooter operators are already required to obey the same "Rules of the Road" as bicyclists (available at <http://www.mva.maryland.gov/Driver-Safety/Bicycle/default.htm>).

WHAT'S A MOTOR SCOOTER?

- It is a non-pedal vehicle that has a seat for the operator.
- It has two wheels, of which one is 10 inches or more in diameter.
- It has a step-through chassis.
- It has a motor with a rating of 2.7 brake horsepower or less.
- It has an automatic transmission.

WHAT'S A MOP-ED?

- It is a bicycle designed to be operated by human power with the assistance of a motor.
- It has a motor with a rating of 1.5 brake horsepower or less.
- It has pedals that drive the rear wheel(s).
- It has 2 or 3 wheels, of which one is more than 14 inches in diameter.

(courtesy Maryland State Police)

Maryland's Child Passenger Safety Law Changes

Offers More Protection to Children in Vehicles

As of October 1, 2012, Maryland takes another step in protecting its child passengers. Maryland's Child Passenger Safety Law will require that all children younger than 8 years old must use a harnessed car seat or booster seat, unless the child stands 4'9" or taller before that age. Also, children up to the age of 16 must be restrained by a seat belt, harnessed car seat, or booster seat in all seating positions of the car.

Although the new law provides guidance to parents and law enforcement officers, Maryland Kids In Safety Seats (KISS) reports that many children are still not ready to use

adult seat belts even after reaching the age of 8. In fact, during a crash, a child wearing a poor fitting seat belt is 8 times more likely to sustain abdominal injury than a child who uses a booster seat.

"Children should only move out of a booster seat once they are able to correctly fit in adult seat belts," said Tracy Whitman, KISS Coordinator. To know if the adult seat belt fits properly, KISS recommends the "Seat Belt Fit Test." The seat belt fits correctly when:

- the child can sit all the way back, with his or her knees bent over the vehicle seat

- the lap belt lies across the hips and below the belly
- the shoulder belt is centered across the chest and resting on the collarbone—not across the neck
- the child can stay seated like for that the entire ride

Caregivers will find many boosters can accommodate children up to 80 to 120 lbs.

To learn more about child passenger safety, contact KISS at 800-370-SEAT, email dhhm.kiss@maryland.gov, or go to www.mdkiss.org.



Car Seat Recommendations for Children

- Select a car seat based on your child's age and size, and choose a seat that fits in your vehicle and use it every time.
- Always refer to your specific car seat manufacturer's instructions; read the vehicle owner's manual on how to install the car seat using the seat belt or LATCH system; and check height and weight limits.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

Birth – 12 months

Your child under age 1 should always ride in a rear-facing car seat. There are different types of rear-facing car seats: Infant-only seats can only be used rear-facing. Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

1 – 3 years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness.

4 – 7 years

Keep your child in a forward-facing car seat with a harness until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

8 – 12 years

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

DESCRIPTION (RESTRAINT TYPE)

A **REAR-FACING CAR SEAT** is the best seat for your young child to use. It has a harness and in a crash, cradles and moves with your child to reduce the stress to the child's fragile neck and spinal cord.

A **FORWARD-FACING CAR SEAT** has a harness and tether that limits your child's forward movement during a crash.

A **BOOSTER SEAT** positions the seat belt so that it fits properly over the stronger parts of your child's body.

A **SEAT BELT** should lie across the upper thighs and be snug across the shoulder and chest to restrain the child safely in a crash. It should not rest on the stomach area or across the neck.

www.facebook.com/childpassengersafety

<http://twitter.com/childseatsafety>

March 21, 2011

MIEMSS Officially on Facebook and Twitter

Like us, follow us: we are now on Facebook and Twitter! Get critical updates sooner, hear about local and national EMS events, discover public safety initiatives, ask questions, make suggestions, and connect with other providers. Become a fan, and let's get the conversation started! We encourage you to join us and connect by visiting:



Facebook



<http://www.facebook.com/MarylandEMS>



<https://twitter.com/MarylandEMS>



Twitter

MIEMSS Staff Attend MSFA Convention

Dr. Robert R. Bass, MIEMSS Executive Director, and MIEMSS staff members had the opportunity to attend and participate in the recent activities of the 120th Annual Convention and Conference of the Maryland State Firemen's Association in Ocean City in June of this year.

In addition to providing various information and certification updates to our EMS Providers, Dr. Bass, Dr. Richard Alcorta, State EMS Medical Director, and John Donohue, Chief of Field Operations, gave presentations on EMS issues that were of an interest to our Providers who continue to give of their time and efforts to the citizens of the State of Maryland.

MIEMSS would like to congratulate the various award winners and, in particular, Mr. Donald Thomas of the Darlington Volunteer Fire Company in Harford County as the recipient of the Josiah Hunt EMS Award for outstanding EMS individual of the year. The recognition of the various awards is a small token of appreciation for what Providers do on a daily basis.

We would also like to recognize Past President Dave Lewis for a successful year as President of the MSFA and for the leadership qualities that he provided to the members of emergency services in Maryland. The staff at MIEMSS would like to congratulate Mr. John Denver of the Singerly Fire Company in Cecil County on his recent election as President of the MSFA, and we look forward to working with him and his Officers, as well as having a very successful and productive year.

MIEMSS thanks all emergency services providers of Maryland for the job that they do every day in making our state a safer place to work and live.



Mr. Donald Thomas of the Darlington Volunteer Fire Company receives the Josiah Hunt EMS Award for outstanding EMS individual of the year during the convention.



John Denver, MSFA
President



Jackie Olson, MSFA
First Vice President



David Keller, III, MSFA
Second Vice President

Updates from Commercial Ambulance Licensing and Regulation

- The SOCALR office is pleased to announce the recent licensure of Christiana Specialty Care Transport Unit, a company based in Delaware that is now permitted to operate in Maryland. They are an approved specialty care transport (SCT) service, equipped to handle basic, advanced, and specialty life support services under this scope of licensure. This SCT is in the process of expanding its services to provide for neonatal care.
- Nemours/Alfred I. Dupont Hospital for Children has entered into a memorandum of understanding (MOU) with MIEMSS providing them additional time to meet licensure requirements for that of a neonatal transport company. We expect that they will be fully licensed on or before October 19, 2012.
- CFT Ambulance Service currently operates from Wilmington, Delaware, and has been granted an exemption from SOCALR to handle patient calls in and out of Maryland.

Maryland State Fire Marshal William Barnard Receives National Bringing Safety Home Award

The Home Fire Sprinkler Coalition (HFSC) and the National Fire Protection Association's (NFPA's) Fire Sprinkler Initiative announced that William Barnard, Maryland State Fire Marshal, was the recipient of the 2012 Bringing Safety Home Award. Each year, the two nonprofits join forces to recognize the efforts of fire chiefs who use HFSC's educational materials and the resources of the Fire Sprinkler Initiative to ensure that decision makers have accurate information as new or updated residential fire sprinkler codes are considered.

"As State Fire Marshal and a member of Maryland's Residential Sprinkler Initiative Committee, Bill spent countless hours educating key stakeholders and attending hearings. His efforts played a major role in passing legislation that requires the installation of home fire sprinklers in all new one- and two-

family homes along with a law that eliminates the option to opt out of the requirement," says Gary S. Keith, speaking on behalf of both HFSC and NFPA. Keith is Chair of HFSC's Board and is Vice President of NFPA's Field Operations. "Bill also played a major supportive role when HFSC developed the Prince George's County Home Fire Sprinkler Report in 2009. Members of the fire service throughout the country use the report. We appreciate Bill's diligence and are very pleased that the award will go to such an active life-safety advocate."

Representatives of HFSC and NFPA presented the award to Fire Marshal Barnard at Fire-Rescue International 2012 in Denver during the International Association of Fire Chiefs (IAFC) Fire and Life Safety Section meeting on August 2, 2012.



William Barnard, Maryland State Fire Marshal (courtesy of the Office of the State Fire Marshal)

EMS Voluntary Event Notification Tool (E.V.E.N.T.)

The EMS Voluntary Event Notification Tool, also known as E.V.E.N.T., is a project designed to improve the safety, quality, and consistent delivery of emergency medical services (EMS) at the national level. There has been increasing national attention to help ensure patient safety and quality in the EMS setting. E.V.E.N.T. is a confidential system used to collect data submitted anonymously by EMS providers. When providers encounter or recognize a situation in which an EMS safety event occurred, or could have occurred, they are encouraged to submit a report by completing the appropriate E.V.E.N.T. form. These report forms may be found on the E.V.E.N.T. website (<http://event.clirems.org/Home.aspx>) or by going to the MIEMSS website and clicking on the E.V.E.N.T. link (under "Related Links" on the home page).

The confidentiality and anonymity of this reporting tool is designed to encourage EMS providers to readily report EMS safety events without fear of retribution. The data collected will be used to develop policies, procedures, and training programs to improve the safe delivery of EMS.

The categories of incidents to be reported include: near-misses, patient safety, and line

of duty deaths. The near-miss category is defined as "an unplanned event that did not result in injury, illness, or damage, but had the potential to do so." A patient safety event is defined "as any event or action that leads to or has the potential to lead to a worsened patient outcome related to the event or action: these may be related to systems, operations, drug administration, or any clinical aspect of patient care." Patient safety events also include patient near-misses (i.e., close calls) that are recognized before they actually occur. Notices of recalls to ambulances and equipment are

also noted on the E.V.E.N.T. website.

The EMS Voluntary Event Notification Tool is a program of the Center for Leadership, Innovation, and Research in EMS (CLIR) with sponsorship provided by the North Central EMS Institute (NCEMSI), the National EMS Management Association (NEMSMA), the Emergency Medical Services Chiefs of Canada (EMSCC), the National Association of Emergency Medical Technicians (NAEMT), and the National Association of State EMS Officials (NASEMSO).

Save the Date!

**Saturday,
October 20, 2012
7:30 am - 2:30 pm**

**This will be an accredited
workshop offering CME/CE
certificates**

American Heart
Association
Learn and Live.

**MISSION:
LIFELINE**

Maryland STEMI Workshop

**The Conference Center at the Maritime Institute
692 Maritime Boulevard, Linthicum Heights, MD 21090**

Registration now open!

<http://bit.ly/STEMIworkshop>

PYRAMID BACK ON TRACK

October 27 & 28, 2012

Preconference: October 25 & 26, 2012

Colony South Hotel

(Located next to Southern Maryland Hospital)

Presented by:

**Maryland Institute for Emergency Medical Services Systems &
Emergency Educational Council of Region V, Inc.**

With Generous Support of:

**Southern Maryland Hospital Center
Emergency Medical Services for Children's Partnership Grant
R Adams Cowley Shock Trauma Center**

Hosted & Sponsored by:

**Emergency Education Council of Region V, Inc.
Southern Maryland Hospital**



PYRAMID 2012 REGISTRATION FORM

Please Print - All Fields are REQUIRED

Last Name _____ First Name _____

Street _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Provider ID _____ Primary Affiliation _____

Cert/License (Circle) FR EMT-B EMD CRT-I EMT-P LPN RN MD Other: _____

Preconference Registration

- EMT-B Skills (Thursday & Friday) \$30.00
 Quality Assurance Officer Continuing Education (Thursday & Friday) \$30.00
 Neonatal S.T.A.B.L.E. Course (Friday Day) \$30.00
 "Airway Kills" Lecture & Vendor Reception (Friday Evening) \$15.00

Conference Registration

- Single Day: \$90 (Saturday OR Sunday) Full Conference: \$160 (Saturday AND Sunday)

Those who register prior to October 1, 2012, will receive a free t-shirt.

Please indicate your size: S M L XL XXL XXXL

Please circle A, B, or C for each session 1-5 below:

Saturday Breakout Sessions

Breakout 1: A B C
Breakout 2: A B C
Breakout 3: A B C

Sunday Breakout Sessions

Breakout 4: A B C
Breakout 5: A B C

Payment Information

Check Enclosed (Payable to Emergency Education Council of Region V, Inc.)

PO # _____ (Attach a copy with registration)

Money Order

Credit Card: Visa _____ MasterCard _____

Credit Card # _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ (needed for authorization)

Mail: Pyramid 2012, C/O Kim Jones, Fire-Rescue-EMS, 175 Main St, Prince Frederick, MD 20678

Fax: 443-486-4074

PYRAMID

The Conference Program: This conference program is open to all interested individuals at the cost of \$160.00. Attendees who register prior to October 1, 2012, will receive a t-shirt. Pre-conference workshops have a separate charge.

Registration Policies: Pre-registration is recommended. Space is limited, so please register early. Registrations will be accepted by mail, fax, or email until October 15, 2012. After October 15, 2012, please bring your registration to the conference site. Walk-in registrations will be accepted based on space availability.

Included in Your Registration: Registration for the full two day seminar (October 27 & 28) includes: admission to all General & Breakout Sessions, continental breakfast on Saturday & buffet breakfast on Sunday, lunch on Saturday & Sunday, and all available handouts for each session.

Pre-conference workshop registration is separate from the main conference and requires additional fees (see registration form). Pre-conference registration includes admission and handout materials for selected workshop(s), as well as continental breakfast and lunch on Friday.

Registration Confirmation: Confirmation letters will be sent either by email or regular mail. If you have not received your confirmation letter by October 15, 2012, it is your responsibility to verify that your registration has been received.

Payment Information: Payment may be made in the form of check, money order, Visa, or MasterCard. There is a \$30 fee for all returned checks. We can invoice Maryland government, EMS Agencies, and Maryland hospitals directly for the program, if requested. We cannot invoice Federal agencies or out-of-state agencies or organizations. Payment information must accompany registration.

Cancellations: Cancellation notices submitted in writing to Emergency Education Council of Region V (c/o Kim Jones, Fire-Rescue-EMS, 175 Main Street, Prince Frederick, MD 20678) and postmarked no later than Monday, October 8, 2012, will be eligible for a full refund, excluding a \$25 administrative fee. Refunds will be made if requested in writing. If a registrant is unable to attend, another person may be substituted, on the condition that a letter from the original registrant or sponsoring agency authorizing the substitution accompanies the new registration. No refunds will be issued for cancellations postmarked after Monday, October 8, 2012.

Schedule Changes & Right to Cancel: Every effort has been made to ensure accurate information in this brochure. However, due to unforeseen circumstances, it may become necessary to make changes to the schedule. The Emergency Education Council of Region V, Inc., reserves the right to cancel or make changes in course offerings, presenters, and session times without prior notice to attendees.

Continuing Education: Pre-hospital continuing education credits for Maryland are indicated after each session. Each attendee will receive a certificate of attendance for the conference.

Special Accommodations: If you require special accommodations to attend the workshops, require a special menu, or have specific nutritional needs, please provide information about your requirements at the time of registration.

Please note that guests of conference attendees are welcome but may not participate in the conference activities unless otherwise stated. All meals provided are for conference registrants only.

Hotel Accommodations: A limited number of rooms have been reserved at the Colony South Hotel at special discounted rates for Pyramid participants. These special prices can be guaranteed until September 25, 2012 or until the room block sells out, whichever comes first. After this date, the availability of discounted rooms cannot be guaranteed. To obtain these discounted rates please use conference code **PYRAMID12**. All rates are per night and are subject to state and county taxes. To make reservations please call 800-537-1147. Rates: Single or Double Occupancy \$99.00/night.

Additional Information & Questions

Kim Jones - jonesks@co.cal.md.us or Katie Allen - hankokl@co.cal.md.us
410-535-1600 x2668 or x2368
www.miemss.org or www.eecreg5.org

PRECONFERENCE

EMT-B Skills Workshop for Recertification

Thursday, October 25, 2012 | 6:00pm to 10:00pm & Friday, October 26, 2012 | 8:00am to 5:00pm
Cost: \$30.00 (Lunch Provided Friday) | 12.0 Skills

For EMT-Bs; complete all your recertification needs at Pyramid 2012. This 12-hour skills class is available, followed by 12 hours of continuing education during Pyramid 2012. If you choose your conference sessions carefully you can meet the 12-hour requirement of continuing education credit. Space is limited. Register early!

A Workshop for Quality Assurance Officers and Those Who Want To Be

Ron Schaefer, NREMT-P, Chief Compliance Officer, MIEMSS

Thursday, October 25, 2012 6:00pm to 10:00pm & Friday, October 26, 2012 | 8:00am to 5:00pm
Cost: \$30.00 (Lunch Provided Friday) | 12.0 Local

Quality Assurance Officer Continuing Education Credit

Almost everything you ever wanted (or needed) to know about Code of Maryland Regulations (COMAR) required of an EMS Operational Program (EMSOP) Quality Assurance Officer. Successful completion of this workshop satisfies COMAR requirements for EMS Providers seeking credentials to become an EMSOP QA Officer. EMS Providers interested in serving as Company Level QA Officers are welcome to attend this workshop.

Objectives:

- *Understand COMAR Title 30 effects on EMSOPs and EMS Providers
 - *Understand the COMAR QA, credentialing, and disciplinary process
 - *Better understand principles and requirements of EMSOP QA Plans
 - *Better understand principles and requirements of "due process"
 - *Be able to discuss principles of conducting an EMS Incident Inquiry
 - *Better understand principles of Quality Improvement and how to use data
 - *Be able to improve QA/QI with eMEDS
-

S.T.A.B.L.E Course

Jeff Lapinski, NNP & Dusty Lynn, RN, BSN

Friday, October 26, 2012 | 8:00am to 4:30pm
Cost: \$30.00 (Lunch Provided Friday) | 8.0 Medical/ALS

This seminar is targeted for ALS & Hospital professionals

Hundreds of times each day in communities around the world, newly born infants become ill and require specialized care. Where ever they are born – at home, on the highway or in a local hospital, the newly born infant must receive care in a timely, efficient, anticipatory, and effective manner. This early transitional care affects not only the infant's immediate health, but the long-term outcome as well. Education in stabilization beyond resuscitation is critical to the mission of reducing infant mortality and morbidity.

S.T.A.B.L.E. stands for the six assessment and care modules in the program: Sugar, Temperature, Airway, Blood pressure, Lab work, and Emotional support. A seventh module, Quality Improvement stresses the professional responsibility of improving and evaluating care provided to sick infants. The design of this program is for all Healthcare Providers whose practice setting involves exposure to newborns, other than NICU providers.

Sponsored by the Maryland EMS for Children Program

"Airway Kills" Lecture & Vendor Reception

Peter Wild, NREMT-P, AAS EMS, EMS Liaison, Southern Maryland Hospital Center

Friday, October 26, 2012 | 6:00pm to 9:00pm
Cost: \$15.00 (Heavy Appetizers Provided) | 2.0 Medical/BLS

This lecture will take a look at the hemodynamics and why the new CPR standards were developed, how the mechanics of respiratory and cardiac function interact and how sometimes when we are trying to do good, we are actually making the situation worse.

Vendors will be available from 6:00pm to 7:00pm.



SATURDAY, OCTOBER 27, 2012

- 7:00a—8:00a** **Registration & Continental Breakfast**
- 8:00a—8:15a** **Opening Ceremony & Welcoming Remarks**
- 8:15a—9:15a** **Creating a Culture of Civility: Challenges, Chaos & Recommendations (1.0 Local/Cat2)**
Jason Dush, FF/CCEMT-P, FP-C
The world of public safety can be challenging, stressful and full of rewards. Every day paramedics and nurses witness traumatic situations. And, no matter how long you have worked as a paramedic or a nurse you never become immune to the tragedies and human suffering you witness - as time goes on, you either learn to cope with these scenes better or you head rapidly towards breaking point. Laughter and discussing inner thoughts help. But are these true answers to solve our problem? For some, yes, and for others, no. This session is full of excitement, laughter and motivation. Laughing with brothers and sisters of our profession will give you a few tools to pull from when you are in need of a shoulder to lean on. This presentation will examine several types of incidents that present similar stressors. By the end of this presentation you will have a better understanding on how to survive happily and healthy in the world of public safety.
- 9:15a—10:00a** **EMS State of the State (1.0 2/Local)**
Robert Bass, MD, FACEP, Executive Director of MIEMSS
The latest developments and trends in Maryland EMS will be highlighted by MIEMSS Executive Director, Robert R. Bass, MD, FACEP.
- 10:00a—10:15a** **Break**
- 10:15a—11:30a** **Breakout Sessions**
- 1A - Airway Case Studies:**
When the Simplest Thing Made the Biggest Difference (1.5 Medical/ALS)
Jason Dush, FF/CCEMT-P, FP-C
Ensuring quality in pre-hospital airway management is challenging because the generally fast-paced process occurs in a less-than-ideal setting with bad lighting, limited space, and under demanding circumstances. Research increasingly suggests that pre-hospital intubation may be non-beneficial and perhaps even detrimental to the care of some trauma patients. In a case study format, we will highlight core measures of patient safety, timeliness, oxygenation, and ventilation. Our biggest challenge as providers, is deciding when airway skills are right for the patient. When you pull out your "airway bag" or "tool box," what are you going to do?
- 1B - From "Bath Salts" to "Spice": Emerging Drugs of Abuse (1.5 Medical/BLS)**
Lisa Booze, PharmD, CSPI, Clinical Coordinator, Maryland Poison Center
Drugs of abuse and their patterns of use are ever-changing. Users and dealers are always searching for easily accessible, more potent, and legal ways to get high. This presentation will address the new and emerging drugs of abuse. Objectives include explaining why trends in the abuse of drugs change over time; identifying new and emerging drugs of abuse, including synthetic drugs, plants, and prescription and over-the-counter drugs; and discussing the clinical effects and toxicities of these emerging drugs of abuse.
- 1C - When Children Fall off the Trauma Decision Tree (1.5 Trauma/ALS)**
Jennifer Fritzeen, RN, MSN and Dusty Lynn, RN, BSN,
Pediatric Trauma Center, Children's National Medical Center
Injured children sometime present with unique injuries that do not easily fit into the Alpha, Bravo, Charlie, or Delta categories of the Maryland/ CDC Trauma Decision Tree. Children explore their environments as a part of growing up. They climb furniture to reach off limit items, jump off refrigerators to see if they can fly, get caught under garage doors while pretending to be Indiana Jones, and do many other daring and dangerous things. This presentation will focus on: 1) the MOI that should set off alarm bells during triage with consultation to a Pediatric Base Station and 2) transport considerations to a Pediatric Trauma Center.
- 11:30a—12:30p** **Lunch**

SATURDAY, OCTOBER 27, 2012

12:30p—1:45p

Breakout Sessions

2A - OB Trauma Cases Studies: My Patient is Pinned and Pregnant! (1.5 Trauma/ALS)

Jason Dush, FF/CCEMT-P, FP-C

Imagine that you receive an 8-months pregnant patient who is trapped in a vehicle after being involved in a collision. Extrication has taken place by the fire department and the patient is headed to the hospital by ambulance or helicopter when..... These case reviews will look at a logical sequence for the initial assessment and management of these trauma patients. Come challenge yourself and see how your service would handle these cases.

2B - Acute Burn Management: Every Second Counts! (1.5 Trauma/ALS)

Carrie Cox, RN, MSN, Outreach & Education Coordinator, Johns Hopkins Burn Center

As a first responder, you may not often come into contact with critically burned patients; however, in most mass casualty incidents (MCIs), approximately 25-30% of those injured will require burn treatment. When you consider that there are only 127 Burn Centers nationally, of which only 60 are verified, in the face of another MCI first responders and "non-burn" personnel will likely have to care for burn injured patients. Burn injuries treated with adequate emergency care, including airway management and proper fluid resuscitation, are associated with more favorable outcomes, including limited tissue damage and subsequently decreased morbidity and mortality. This lecture will provide evidence-based practice guidelines for the management of critically ill burn patients from the emergent phase until transfer to a designated Burn Center.

2C - Carbon Monoxide Hazards & Response (1.5 Medical/ALS)

Dennis C. Wood, MS, NREMT-P, Assistant Chief, Prince George's County Fire/EMS Department

During this session, responders will learn about carbon monoxide (CO) to achieve an understanding of the hazards and prevalence of CO poisoning, understand best practices to respond to a CO incident and appropriately treat patients, and become acquainted with the latest technology involved in response to CO incidents.

1:45p—2:00p

Break

2:00p—3:15p

Breakout Sessions

3A - Man vs. Machine ATV Trauma Case Studies (1.5 Trauma/ALS)

Jason Dush, FF/CCEMT-P, FP-C

All terrain vehicles are popular off-road vehicles used for a wide variety of work and recreational activities. Recently, the growing popularity of ATVs and the increasing size and power of the vehicles has led to concern over injury risk. The Consumer Product Safety Commission estimates that ATVs result in more than 100,000 emergency department visits annually, including more than 30,000 injuries for children 16 years of age and younger. During the past decade, more than 200 children died annually due to injuries sustained on ATVs. Children make up a disproportionate number of ATV injuries. This lecture will focus on the most commonly seen injuries as well as management.

3B - Tricks and Tools of eMEDS (1.5 Local/Cat2)

Joe Davis, Emergency Medical Services Applications Coordinator, MIEMSS

Focusing on navigation, this session will review and explain some of the work flow and business logic built into the eMEDS system. Learning how the program "thinks" will make documentation and report writing much easier. Also, best practices and "tricks" of the program will be discussed and reviewed to make providers and administrators proficient in getting the most out of the program.

3C - Dead Men Do Tell Tales - Crime Scene Preservation (1.5 Local/Cat2)

Gregory Crump, Crime Lab Technician, Calvert County Sheriff's Office

This presentation will help EMS responders tell, by understanding the steps involved when determining cause and manner of death, how their interactions with the scene can unknowingly change the course of an investigation. Through actual photographs, various scenarios will be presented and participants will have a chance to identify the cause and manner of death. A very eye-opening presentation!

SUNDAY, OCTOBER 28, 2012

7:00a—8:00a

Buffet Breakfast

8:00a—9:45a

High Performance CPR (2.0 Medical/BLS)

**Michael Somers, MD, Region V Medical Director, St. Mary's Jurisdictional Medical Director
Kevin Seaman, MD, FACEP, Medical Director, Howard County DFRS**

Cardiac arrest is an area where EMS can make a profound difference, but improving survival takes commitment, resources and a willingness to work together toward a common goal. In this must attend presentation you'll learn about the latest science that indicates where you can focus your efforts so that your community can improve survival rates. You'll hear how Howard and St. Mary's Counties took what they learned from the Resuscitation Academy and applied it in their very different communities.

9:45a—10:00a

Break

10:00a—11:15a

Excited Delirium & Police Custody Deaths Involving TASER® Use (1.5 Medical/ALS)

Mary G. Ripple, MD, Deputy Chief Medical Examiner, State of Maryland

The talk will discuss Excited Delirium and the typical police custody death scenario, define the term, give characteristics of the syndrome, and discuss the controversy regarding the subject. Conducted Energy Devices (TASER®) and their characteristics and use will be discussed. The talk will also focus on cases of reported injuries with TASER® use in which excited delirium was exhibited followed by comparison of the characteristics of individuals and arrest situations with summaries of autopsy and investigative findings. Theories of the mechanism of death, latest research, and suggested models for first responders handling these types of cases will be presented.

11:15a—11:30a

Break

11:30a—12:45p

Breakout Sessions

4A - MCI/What We Forgot From Class (1.5 Local/Cat2)

John Donohue, Chief of Field Operations, MIEMSS

This session will review the Start-Jump-Start process of patient triage. The revised Maryland Triage Tags will be reviewed to identify recent changes. The new HC Standard Patient Tracking Scanner (PTS) that is being deployed throughout Maryland will be introduced and its operation explained. Mass Casualty Incident Command setup and implementation will be reviewed as it applies to the NIMS model.

4B - Care of the Adult Trauma Patient with Special Needs (1.5 Trauma/ALS)

Lynn Gerber Smith, RN, MS, Senior Clinical Nurse II, Trauma Resuscitation Unit

R Adams Cowley Shock Trauma Center

When you hear the term "special needs" you think of the pediatric population. But children with special needs become adults with special needs who are active members of the community and are at risk to suffer traumatic injuries. The purpose of this presentation is to review the special needs adults that may present in the pre-hospital and emergency environment. How to successfully manage this population will be described and available clinical resources will be discussed. Case studies will be threaded throughout the presentation.

4C - Sepsis: Recognizing the Silent Killer (1.5 Medical/ALS)

Kelly Grayson, NREMT-P, CCEMT-P

"Granny has a fever." We've all run those calls, but are they as routine as we believe? In reality, sepsis is the #1 non-cardiac killer of ICU patients, with a mortality rate well over 50%. It is a clinical syndrome that affects over 750,000 Americans a year, and one that is undergoing increasing attention from pre-hospital providers. Early recognition and treatment is the key to survival. This presentation will examine the integral role of EMS in the management of sepsis, including Sepsis Alert Criteria and pre-hospital treatment guidelines.

12:45p—1:45p

Lunch

SUNDAY, OCTOBER 28, 2012

1:45p—3:00p

Breakout Sessions

5A - All that Collides: Trauma Case Reviews (1.5 Trauma/ALS)

Diane Clapp, RN, CCRN, CEN, NREMT-P

University of Maryland R Adams Cowley Shock Trauma Center

This case-review style session will follow the victims of both a motor vehicle collision and an assault through EMS care, hospital admission and recovery. We will explore the injuries found and identify care for each patient.

5B - Water and Kids Don't Always Mix Well(1.5 Medical/ALS)

**Kristen Nelson, MD FAAP, Medical Director of the Pediatric Transport Team & HOPE Program
Johns Hopkins Children's Center**

Did you know that a swimming pool is 14 times more likely than a motor vehicle to be involved in the death of a child age 4 and under? This presentation on childhood drowning will discuss the environmental and developmental risks from birth through adolescence. Treatment priorities for drowning victims will be highlighted in terms of cold versus warm water, drowning versus near drowning, and inches versus an ocean of water.

5C - Protocol Directed Torture: Unnecessary Spinal Immobilization (1.5 Trauma/BLS)

Kelly Grayson, NREMT-P, CCEMT-P

Day in and day out, EMS providers secure people to hard plastic boards based upon little more than mechanism of injury, or simply to satisfy medical protocol requirements. This presentation will examine the practice of needless spinal immobilization, discuss appropriate assessment steps for determining the need for spinal motion restriction, and discuss the potential for harmful neurological and musculoskeletal sequelae resulting from needless spinal immobilization.

3:00p—3:15p

Break

3:15p—4:30p

Put Your Heart Into It! (1.5 Local/Cat2)

Kelly Grayson, NREMT-P, CCEMT-P

If you knew you were dying, and you had one last lesson to share with your peers, what wisdom would you impart? That was the premise for Carnegie Mellon University's "Last Lecture" series, in which Professor Randy Pausch, who had been diagnosed with terminal pancreatic cancer, delivered his inspiring talk, "Really Achieving Your Childhood Dreams." The lecture and resulting book were an inspiration to millions, including one paramedic who pondered what wisdom he would impart to his profession if it were his very last chance. Join Kelly Grayson as he delivers his inspiring, hypothetical last lesson: put your heart into it.

This conference is a one day educational opportunity to provide current issues and trends related to the trauma patient.

Objectives

- Discuss current methods of diagnosis and management of patients with traumatic, complex injuries
- Discuss the pre-hospital and hospital practices routinely given to patients with traumatic injuries
- Identify complications related to the care of the trauma patient

Who Should Attend

Nurses involved in caring for the adult and pediatric trauma patient.

Pre-hospital providers interested in expanding their knowledge of caring for the trauma patient and related topics.

Nurses:

Six and one half hours of trauma continuing education units will be awarded at completion and return of conference evaluation form. The nurses credits will be MNA approved.

Pre-hospital Care Providers:

Six and one half hours of trauma credits will be awarded at the completion of the conference.

Bring your MIMSS Identification Card.

Conference Location

Clarion Resort Fontainebleau Hotel, 10100 Coastal Highway, Ocean City, Maryland will be the site for Peninsula Regional's 22nd Annual Topics in Trauma Conference. The Clarion is Ocean City's finest full-service hotel. The ocean front hotel with it's 40,000 square foot conference center provides an ideal location for the conference.

Hotel Accommodations

Rooms have been reserved at a special rate of \$95 plus tax for a double/double until October 1, 2012, so make your arrangements early. Refer to the Peninsula Regional Trauma Conference when making reservations at the Clarion Resort Fontainebleau Hotel, 10100 Coastal Highway (1-800-638-2100).

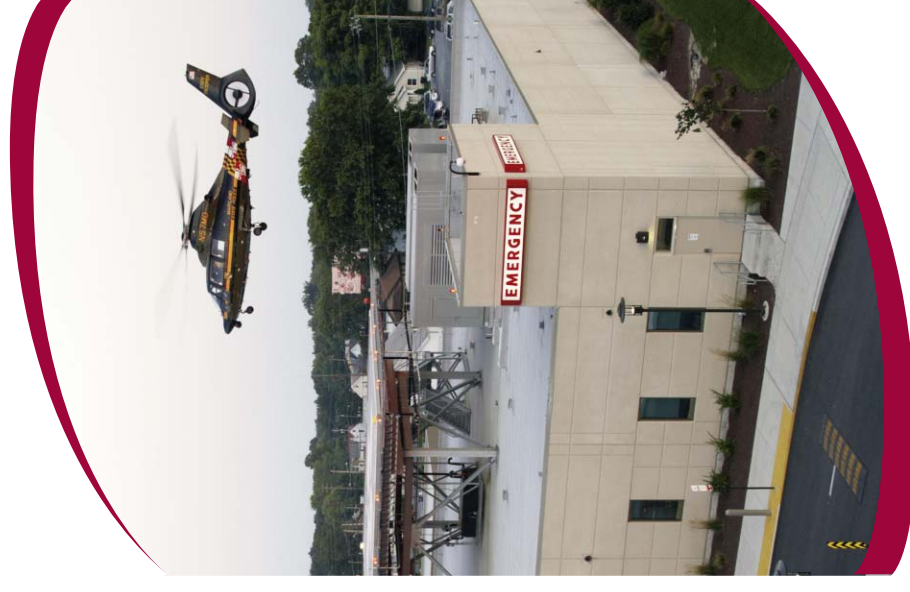
Exhibitors

An array of vendors are expected to exhibit. This is an excellent opportunity to network with available resources.

E D U C A T I O N

Topics In Trauma
Preparing for the worst;
Hoping for the best

November 2, 2012



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Topics in Trauma: Preparing for the worst; hoping for the best

0730-0800

Registration and Continental Breakfast

0800-0815

Opening Remarks/Welcome

0815-0915

Evolution of Trauma Resuscitation

Tom Chiccone, MD FACEP
Clinical Assistant Professor, Department of
Emergency Medicine, University of Maryland School of Medicine
Region IV Medical Director, MIEMSS

Nursing Track

1030-1130

The Open Abdomen: Evolution of Management

Mayur Narayan, MD, MPH, MBA
Assistant Professor, Department of Surgery
Trauma/Critical Care/Acute Care & Emergency General Surgery
Director, Center for Injury Prevention & Policy
R Adams Cowley Shock Trauma Center

1130-1230

Lunch

1230-1315

Early Management of the Injured Child:

Tricks and Tips

Randall S. Burd, M.D., Ph.D.
Children's National Medical Center
Division of Surgery

Nursing Track

1415-1515

Post Resuscitation Care of the Thoracic Trauma

Patient. How do we optimize outcomes?

Robert Chasse, MD
Medical Director Critical Care
Peninsula Regional Medical Center

1515-1615

Evaluation and Treatment of Pelvic Ring and

Acetabulum Fractures in Orthopaedic Trauma Patients

Florian G. Huber, M.D.
Director of Orthopaedic Trauma
Peninsula Regional Medical Center

0915-1015

Pediatric Traumatic Brain Injury:

A Neurodevelopmental Perspective

Julie B Newman, PhD
Division of Pediatric Neuropsychology
Children's National Medical Center

1015-1030

Break/Vendors

EMS Track

1030-1130

"Do you really want to take their breath away?"

**A look at pre-hospital RSI in Maryland. Why we do it,
how we do it, and how we got here from there.**

Sergeant Scott H. Wheatley
Special Operations
Queen Anne's County Department of
Emergency Services

1315-1400

**Tactical Medicine: Your role in patient care on the
scene and in the Emergency Department**

Matthew Watkins, FF/NREMT-P, EMT-T
Talbot County EMS

1400-1415

Break/Vendors

EMS Track

1415-1515

Mass Casualty Incident Command

Charlie Brown, Firefighter/Paramedic Captain (Ret.)
Field Operations Commander, Special Events Unit
Prince George's County Fire/EMS Department

1515-1615

Bikes and Beaches

Diana L. Clapp, RN, CCRN, CEN, BSN, NREMT-P
University of Maryland R Adams Cowley Shock Trauma Center
Resuscitation Unit Senior Clinical Nurse II
Base Station Coordinator

CONFERENCE REGISTRATION FORM (registration on-line recommended)*

www.peninsula.org

Name _____

Address _____

City/State/Zip _____

Day Phone _____ Evening Phone _____ Fax _____

Affiliation/Institution _____

Position/Title or Specialty _____

Email _____

EMS Provider # /PRMC Employee # _____

Please choose one:

Nursing Track EMS Track

**When registering online, please add EMS/Employee #
and track choice to address line 2.**

Conference Registration Fees:

RN/EMS \$80.00

Students (unlicensed) \$40.00 with student ID and
students must register by mail to get discount

Please return completed form, along with payment by
October 15, 2012 to:

Peninsula Regional Medical Center
100 East Carroll Street, Salisbury, MD 21801
Attn: Trauma Department

Make check payable to: Peninsula Regional Medical Center

*For disability accommodations please contact the trauma office
at 410-912-2844. For more information go to our website at
www.peninsula.org.*

**Registrations are due by October 15th, 2012 or until
conference is full.**

*Registration fee includes conference, materials, continental
breakfast, hot buffet lunch, breaks and exhibits. In the attempt
to "Go Green" we will be providing thumb drives with the
presentations approved for distribution instead of handouts.
Thank you for your understanding.*

**Please note: Enrollment is limited, full registration fee must
accompany registration form. Registrations will be accepted in
the order received. Telephone registration for the conference will
not be accepted. Confirmation will be sent if e-mail address is
provided.**

Refunds: No refunds will be granted.

***To register on-line, please visit www.peninsula.org. Under
classes & events, click on category and select Conferences.**

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Governor Martin O'Malley
Lt. Governor Anthony Brown

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